

SERVICE REQUESTED RESIDENTIAL/COMMERCIAL

City of Fayetteville Water and Sewer Department

SERVICE ADDRESS:		RES/BUS:	
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BUSINESS NAME:		TYPE:	
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RESIDENT/OWNER:	FIRST		MI		LAST	
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MAILING ADDRESS:	STREET		CITY		ST		ZIP	
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HOME PHONE:		BUSINESS PHONE:	
SS/TAX ID:		BIRTHDATE:	

DATE SERVICE DESIRED:	
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IS THERE A GARBAGE CART?	YES		NO		RECYCLE BIN?	YES		NO	
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PAST SERVICE WITH CITY?	YES		NO		IF YES, WHAT ADDRESS?	
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RENT OR LEASE?	YES		NO		OWNER NAME:			
OWNER ADDRESS:	STREET		CITY		ST		ZIP	

OFFICE USE ONLY

PRIOR READ		SERIAL #		MIU#	
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INDICATE SERV TYPE:	I/S		O/S		W/S		W		S	
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INDICATE ACCT CODE:	11		27		26		28		31	
	21		48		61		03		04	

SET CHARGE CODES:

SANITATION:		PROC/TRAN:	
STRMWTR CODE:	07	UNITS BILLED:	
SANITATION STATUS:			
W/O:		READING:	
ACCT #:		OLD:	